Performance

Report

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| Name of service: | Twin Parks Hostel |
| Service address: | 47 Blake Street RESERVOIR VIC 3073 |
| Commission ID: | 3340 |
| Approved provider: | Milford Hall Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 30 June 2023 |
| Performance report date: | 31 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Twin Parks Hostel (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect. Staff explained that they ensure that consumers feel respected at the service and demonstrated an understanding of consumers’ needs and preferences. Care planning documents identified consumers’ backgrounds, personal preferences, identities, and cultural practices.

Consumers said, and staff demonstrated, consumers’ cultural backgrounds and beliefs were respected, and care and services were tailored accordingly. The service had policies in place to support staff to deliver inclusive and culturally safe care.

Consumers said they were supported to make informed choices about their care and services and maintain relationships of choice. Staff described supporting consumers to make choice and maintain connections with people important to them. Care planning documents identified consumers’ individual choices around care, including who was involved in their care.

Consumers gave positive feedback regarding support provided if they wished to take risks. Staff described how risks were managed. Care planning documents identified different consumers’ risks, as well as strategies to mitigate risks and ensure consumer safety.

Consumers said information provided is timely, accurate, easy to understand and enables them to exercise choice. Staff described how they utilise various communication methods to suit individual consumers’ needs. Information to enable consumers to exercise choice, such as menus and activity calendars, were displayed around the service.

Consumers expressed satisfaction with how the service protected their privacy and confidentiality. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locking unattended staff rooms, password protection of computers, and knocking on doors prior to entering a consumer’s room.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers expressed satisfaction with the assessment, planning, and delivery of their care and services. Staff described the assessment and planning processes which is informed by assessment of risks to consumers. This was consistent with care planning documents.

Consumers and representatives said, and care planning documents showed, consumers’ needs and preferences, including end of life wishes, were documented. Management and staff reflected on the person-centred and responsive approach to assessment and planning.

Consumers and representatives said they were involved in assessment and planning. Staff said assessment and planning was undertaken in partnership with consumers, representatives, and allied health professionals. This was evidenced in care planning documents.

Consumers and representatives said staff explained information about care and services and representatives are provided a copy of care and service plan. Care planning documents evidenced communication of outcomes of assessment and planning with consumers and/or representatives.

Staff were knowledgeable of the need to review care and services in response to incidents or changes, which was reflected in care planning documents, along with routine reviews every 3 months.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives gave positive feedback in relation to personal and clinical care provided. Staff described how they ensure the care they delivery is best practice and responsive to the needs and preferences of consumers. Care planning documents evidenced personal and clinical care provided aligned with best practice and optimised consumers’ health and well‑being.

Staff were knowledgeable of strategies to manage high-impact and high-prevalence risks such as falls. Care planning documents evidenced identification, intervention and monitoring of risks, including dignity of risk agreements. Consumers and representatives said personal and clinical care provided was effective and safe.

Consumer said the service identified and respected their preferences around end-of-life care conversations. Staff explained how care changed to ensure consumers were comfortable and free from pain when receiving palliative care. Palliative care policies and pathways guided staff practice.

Consumers and representatives described how consumers’ care needs were recognised and responded to in a timely manner. Staff described processes to identify and respond to changes in a consumer’s condition. Care planning documents evidenced timely identification of, and response to, deterioration and changes in a consumer.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff. Care planning documents included adequate information to support effective sharing of information about consumers’ condition, preferences, and care needs.

Consumers and representatives said consumers have access to allied health and other health professionals when needed. Staff were knowledgeable of referral pathways and were guided by the service’s referral procedures. Care planning documents evidenced timely referral to a range of specialists.

Consumers and representatives gave positive feedback regarding the service’s infection management practices. Staff were knowledgeable of antimicrobial stewardship and strategies to minimise infection risks. The service had documented policies and procedures to support the minimisation of infection related risks and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were supported to engage in activities of interest which optimised their health, well-being, and quality of life. Staff described supporting consumers to engage in group activities or undertake independent activities, if appropriate. A calendar reflected a range of activities tailored to consumers’ interests, including for consumer’s who were non ambulant. Care planning documents included information on how to support consumers’ independence and well-being.

Consumers felt their emotional, spiritual, and psychological well-being was supported by the service. Staff described how they supported consumers’ well-being through an individualised approach, strongly prioritising one-to-one communication. Care planning documents included information regarding consumers’ spiritual, emotional, and psychological needs, and the supports they required.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Staff described how they support consumers to stay connected to family and friends who are important to them. Care planning documents contained information on consumers’ interests, people important to them, strategies for staff to support them with their relationships and to participate in their community both within and outside the service.

Consumers said the service effectively shared their information with those involved in their care. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes. Care planning documents included adequate information to support staff with the delivery of services of supports for daily living for consumers.

Consumers said they were supported by other individuals and organisations who provided support and services. Staff described collaborating with other care providers to ensure activities and supports were available and appropriate for consumers. Care planning documents evidenced the service’s established network of providers to support consumer needs and preferences.

Consumers gave positive feedback regarding the quantity and quality of meals, and said they enjoyed mealtimes and there were plenty of options. Staff knew consumers’ dietary requirements, as captured in care planning documents, and described how they ensured meals were appropriate and served at the desired time.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Staff described the process for reporting faulty equipment. Maintenance documentation supported equipment was regularly checked and maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives found the service environment welcoming and easy to navigate. Consumers rooms were observed to be decorated with personal items to promote a sense of belonging. Staff explained how they supported consumers to maintain their independence and ensure they and their visitors feel comfortable.

Consumers said the service environment was clean and well-maintained. Review of preventative maintenance records evidenced regular maintenance occurs as per schedule. Staff described the process for raising maintenance requests and confirmed these are attended to promptly. Cleaning schedules are in place to guide staff in regular cleaning of the service environment. Consumers were observed to be mobilising freely within and outside the service environment.

Consumers and representatives said the service’s furniture, fittings, and equipment at the service were clean, well maintained, and suitable for their needs. This was consistent with observations. Documentation demonstrated maintenance issues were addressed and resolved within a timely manner.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were comfortable providing feedback or making a complaint. Management described various ways consumers are encouraged to provide feedback and make complaints. Feedback forms were observed to be available to consumers.

Consumers were aware of external avenues to raise a complaint, including through the Commission or an advocacy service. Staff knew how to engage language services, if needed. Posters on how to access advocacy, language and complaint agencies were displayed on noticeboards.

Documentation and consumer feedback evidenced the service acted in a timely manner responding to complaints and an open disclosure process was applied. Staff were aware of the complaints management and open disclosure process.

Consumers and representatives provided positive feedback regarding improvements made in response to their feedback or complaints. Management explained how feedback and complaints are used to improve the safety and quality of the care provided at the service. Documentation demonstrated how the service has used feedback and complaints to improve the service.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there was adequate staff to meet consumer needs, and staff confirmed the workforce allocated was adequate to provide care and services. Rosters evidenced adequate staff for each shift, and call bell data showed staff were responding to calls for assistance promptly.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable and respectful of consumers’ needs and preferences and were observed interacting with consumers in a respectful manner.

Consumers and representatives said staff demonstrated knowledge and competency to perform their roles. Records evidenced recruitment screening processes to establish credentials and competencies and that staff were appropriately qualified and held required professional registrations in line with position descriptions.

Staff said they were supported in their roles and had access to training to perform their duties. Management described regular toolbox training, workplace assessments and other individualised training delivered to staff. Records reflected staff participating in training to deliver the outcomes required by the Quality Standards.

The service had a formal performance appraisal process to ensure staff appraisals were conducted following probation and annually thereafter. Staff demonstrated an understanding of the service’s performance development and review process and confirmed these occurred annually. This was consistent with documentation.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they felt involved in the design, delivery, and evaluation of care and services. Management confirmed consumer inclusion through consumer meetings, feedback, complaints, surveys and case conferences. This was also evidenced in documentation.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. This was also evidenced in documentation.

The service demonstrated appropriate systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to regulatory compliance, management advised that changes to legislation, regulations and aged care law are monitored at the organisation level and communicated to the service via email and staff meetings.

The service had effective risk management systems and practices, including in relation to managing high-impact and high-prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Staff described their roles in relation incidents as apart of the risk management system.

The service had a clinical governance framework which included policies and procedures in relation to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Staff were knowledgeable on their roles and responsibilities in each of these areas.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)